

Knollwood Energy of MA LLC P.O. Box 30 Chester, New Jersey 07930

May 11, 2015

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Debra A. Howland Executive Director New Hampshire Public Utilities Commission 21 South Fruit Street, Suite 10 Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the amended application for the Patricia Steigmeyer system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information
Patricia Steigmeyer
50 Sterling Place
Bow, NH 03304
570.445.6333
psteigmeyer@comcast.net

The new Nepool GIS ID # for this facility is: NON49389. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager *Knollwood Energy of MA LLC*973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

Draft Application Form for Renewable Energy Certificate (REC) Eligibility for Class I and Class II Sources with a Capacity of 100 Kilowatts or Less

Pursuant to New Hampshire Administrative Code Puc 2500 Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
 Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission

 21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

Photovoltaic (PV) solar facilities are Class II resources. Contact <u>Barbara.Bernstein@puc.nh.gov</u> for assistance.						
Eligibility Requested for: Class I Class II	X Check here X if this facility part of an aggregation.					
If the facility is part of an aggregation, please list the aggr	egator's name. Knollwood Energy of MA					
 Provide the following information for the owner of the 	e PV system. (mailing address)					
Applicant Name Patricia Steigmeyer	Email <u>psteigmeyer@comcast.net</u>					
Address 50 Sterling Place	City Bow State NH Zip 03304					
Telephone _570.445.6333	Cell					
 For business applicants, provide the facility name and information). (Facility Address) 	contact information (if different than applicant contact					
Facility Name Prim	nary Contact					
Address	City State Zip					
Telephone	Cell					
Email address:						

•	Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.								
	equipment	quantity	Туре	equipment	quantity	Type			
	PV panels	72	LG MonoXLG300N1C	other				***************************************	
	Inverter	3	SMA SunnyBoy 6000US	other					
	meter	1	Focus ALF 2S CL200 240V	other					
•	must be included with your application.								
			plate capacity of your facility (found ial date of operation (the date your	•				18.0 AC 11/6/14	
•	Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.								
	Installer Name		ion Energy Cont	act <u>He</u>	ather Fourr		License # (i applicable)		39M
	Address	7 Com	mercial Drive	City Ex	keter			N H Zip	03833
	Telepho	ne <u>603</u>	.679.1777	email	heather	@revisione	nergy.con	n	
	If the eq	juipment i	was installed directly by the custome	r, please	check here:				
•	Provide	the name	e and contact information of the equ	ipment [,]	vendor.				
	X Check here if the installer provided the equipment and proceed to the next question.								
	Business Name Contact								
	Address			City _					
•	Telepho		t electrician was used, please provid	email 	lowing info				
	Electrici	an's Name	e Same as Installer		Lice	nse# <u>13</u>	3139M		

	Business Name	ReVision Energy		Email _	heather@revisioner	nergy.co	m			
	Address 7 Com	mercial Drive C	City	Exeter	State	NH	Zip _	03833		
•		of the independent monitor for this www.puc.nh.gov/Sustainable%20End						is		
	Independent Monitor's Name Tom Kelly Natural Capital, LLC									
		ed under another state's renewable de proof of the certification as Attac t			lard? yes 🗌	no 🗀]x			
	following inform In order to qual	our facility is part of an aggregation nation. ify your facility's electrical production ith the NEPOOL – GIS. Contact infor	on fo	r Renewal	ble Energy Certificates	(RECs),				
		James \								
		Registry Administrator, AP								
		224 Airport Parkway, Suite								
	16	Office: 408.517.2174		webb@ap						
	if you are not part of	of an aggregation, Mr. Webb will assi	st yc	u in obtair	ning a GIS facility code.					
	GIS Facility Code #	NON49389	А	sset ID#	NON49389		-			
•	Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document. The Commission requires a notarized affidavit as part of the application.									
	AFFIDAVIT									
	The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes. (please see attached)									
	Applicant's Signature Date									
	Applicant's Printed	Name Linda Modica								
	Subscribed and swo	orn before me this	Day	of	(month) in t	he year				
	County of		_ S	tate of						
				Notary F	Public/Justice of the Pe	300				

in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document. The Commission requires a notarized affidavit as part of the application. **AFFIDAVIT** The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes. Applicant's Signature Applicant's Printed Name Linda Modica Subscribed and sworn before me this 13 Day of May (month) in the year 2015 County of Morris State of New Jersey My Commission Expires

Complete an affidavit by the applicant or qualified installer that the project is installed and operating

My Commission Expires	

• Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
All contact information has been provided.	X
 A copy of the interconnection agreement. PSNH Customers should include both the Interconnection Standards for Inverters Sized up to 100 KVA <u>and</u> Exhibit B – Certification of Completion for Simplified Process Interconnection. 	
Documentation of the distribution utility's approval of the installation.*	Х
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
A signed and notarized attestation.	Х
A GIS number obtained from the GIS Administrator.	X
The document has been printed and notarized.	Х
 The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC. 	Х
An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	Х
*Usually included in the interconnection agreement.	

If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here

and skip this section.

PREPARER'S INFORMATION

Preparer's Name	Linda Modica	Email addres	s: linda@knollwoo	denergy.co	<u>om</u>		
Address PO Box	30	City _Che	ester	State	NJ	Zip	07930
Telephone 973	3.879.7826	Cell					
Preparer's Signature:							
	V	.					

UNITIL ENERGY SYSTEMS, INC. hereinafter as "UNITIL" NH INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement Contact Information: Date Prepared: 5/15/14 Legal Name and address of Interconnecting Customer (or, Company name, if appropriate) Patti Steigmeyer ____ Contact Person, if Company:___ Customer or Company Name (print): Mailing Address: 50 Sterling Place City: Bow State: Telephone (Daytime): 507 445 6333 (Evening): E-Mail Address: <u>psteigmeyer@comcast.net</u> Facsimile Number: Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate): Name: Heather Fournier for ReVision Energy, LLC Mailing Address: 7 Commercial Drive City: Exeter State: NH Zip Code: 03304 Telephone (Daytime): _ (603) 679-1777 (Evening): Facsimile Number: E-Mail Address: heather@revisionenergy.com jamesh@revisionenergy.com Electrical Contractor Contact Information (if appropriate): Name: Same as Alternative Contact __ Telephone: __ Mailing Address: City: State: Zip Code: Facility Information: Address of Facility: 50 Sterling Place City: Bow State: Electric Service Company: Unitil Account Number: New Construction Meter Number: N/A Inverter Manufacturer: SMA Model Name and Number: 6000 US Nameplate Rating: 6 (kW) (kVA) ____240__(AC Volts) Single X or Three Phase System Design Capacity: 18 kW (kVA) (kVA) If renewably fueled, will the account be Net Metered? Yes No Prime Mover: Photovoltaic X Reciprocating Engine Fuel Cell Turbine Other Energy Source: Solar X Wind Hydro Diesel Natural Gas Fuel Oil Other UL 1741.1 (IEEE 1547.1) Listed? Yes X No Estimated Install Date: July 1,2014 Estimated In-Service Date: July 15, 2014 Customer Signature I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:
nome owner Oct 1, 2014 Interconnecting/Oustomer Signature: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only) Installation of the Facility is approved contingent upon the terms and conditions of this Agreement and agreement to any system modifications, if required (Are system modifications required? Yes ____ No ___ To be determined Title: 2762 - D. S.F. Date: -0/1/14 Company Signature: Company waives inspection/Witness Test? Yes



Certificate of Completion for Interconnection

Installation Information	:		Check if	owner-installed
Customer or Company	Name (print): Patt	ti Steigmeyer		
Contact Person, if Com	ıpany:			
Mailing Address:				
City: Bow	Sta	te: NH Zi	p Code: 03304	THE STATE OF THE S
Telephone (Daytime):	507-445-6333	(Evening):		
Facsimile Number:		E-Mail Address:		
Address of Facility (if d	ifferent from above);			Mitheurichi Monrechination accordinates au seure
City:	State	e: Zi	p Code:	THE PART OF THE PA
		ReVision En	eray II.C	
Electrical Contractor's I	Name (if appropriate):	0197, 220	And the or representational grant and grant and design as well as a second
Mailing Address: 7				
City: Brentwood	State	e: <u>NH</u>	Zip Code:	03833
Telephone (Daytime):	003-073-1777	(Evening):	choque@rovioionana	
Facsimile Number:				rgy.com
License number:				
Date of approval to inst	all Facility granted b	y the Company: _	10/1/14	
Application ID number:				
Inspection:				
The system has been in	nstalled and inspecte	ed in compliance w	vith the local Building/F	lectrical Code of
				noothour oodo of
(City/County/State)				
(only, odding, oldio)				2 11/1/0
Signed (Local Electrical	Wiring Inspector, or	attach signed ele	ctrical inspection):	mento
Name (printed):	Ruce But	tuin		
Date: 10 - 3 - 14				
As a condition of interconductrical permit to Unition	onnection you are real at the following add	quired to send a codress:	opy of this form along v	with a copy of the signed
Unitil Corporation Attention: Generator I 6 Liberty Lane West Hampton, NH 03842	nterconnections			
Unitil Certificate of Completic	on for Interconnection For	m - Updated June 14	. 2013	



Mr. & Mrs. Robert Steigmeyer 50 Sterling Place Bow, NH 03304

November 6, 2014

Dear Mr. & Mrs. Steigmeyer;

I am writing today to advise you that on or about October 14, 2014 we reviewed your solar PV generator and inverter system that was recently installed at the above captioned address.

During this review we determined that the system operates within the required parameters and replaced your standard meter with a "Net Meter". Therefore, you are now authorized to energize your generator and interconnect to the Unitil electric system.

Should you have any questions about billing or credits, please contact our billing department through our Customer Service Call center at 1-800-852-3339.

Thank you and congratulations on your new photovoltaic generating system.

Sincerely,

Gary Miller

Gary Miller Senior Business Development Executive Unitil Corporation (o) 603-227-4516